COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL030298 US

| As a below named inventor, I h | ereby declare that: | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------|-----------------------------------------|--|--|--|--|
| My residence, post office address and citizenship are as stated next to my name. | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS WITH DISPLAY the specification of which (check only one item below): | | | | | | | |
| is attached hereto. | | | | | | | |
| was filed as United States a | application | | | | | | |
| Serial No - | | _ | | | | | |
| on | | | | | | | |
| and was amended | | | | | | | |
| on | | | | | | | |
| | nal application | | | | | | |
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| | | | | | | | |
| and was amended under PCT | Article 19 | | | | | | |
| on | on (if applicable). | | | | | | |
| I hereby state that I have review claims, as amended by any am | | nts of the above-identified specification | n, including the | | | | |
| I acknowledge the duty to disclititle 37, Code of Federal Regu | | rial to the examination of this application | on in accordance with | | | | |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: | | | | | | | |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: | | | | | | | |
| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 | | | | |
| Europe | 03100854.3 | 01 April 2003 | YES | | | | |
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| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL030298 US | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|--|
| POW8 | ER OF ATTORNE iness in the Patent a | Y: As a named inventor and Trademark Office co | , I hereby appoint innected therewith | the following attorney(s) and/o . (List name and registration nu | r agent(s) to pro umber) | secute this application and transact | |
| Micha | E. Haken, Reg. ael E. Marion, Re ard M. Blocker, F | eg. No. 32,266 | | | Direct Telepho (name and tele (914)332-02 | phone number) 222 | |
| | FULL NAME OF | L NAME OF FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | HUITEMA | | Hjalmar | | Edzer Ayco | |
| 201 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | Post office addr Prof. Holstlaa | | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| | FULL NAME OF INVENTOR | FAMILY NAME CANTATORE | | FIRST GIVEN NAME Eugenio | | SECOND GIVEN NAME | |
| 202 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTHE Netherlands | ITRY | COUNTRY OF CITIZENSHIP | |
| 98, 9 | POST OFFICE ADDRESS | Post Office Address Prof. Holstlaan 6 | | CITY 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| | FULL NAME OF | FAMILY NAME | . • | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR GELINCK | | | Gerwin | | Hermanus | |
| 203 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | | CITY 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| | FULL NAME OF | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | | | Bas | | Jan Emile | |
| 204 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | | ITRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | | | The Netherlands | | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRESS | | CITY | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaa | n 6 | 5656 AA Eindhoven | | The Netherlands | |
| true: ai impriso applica | nd further that these onment, or both, und ution or any patent is | statements were made ler section 1001 if Title 1 suing thereon. | with the knowledg 8 of the United sta | e that willful false statements a ates Code, and that such willful | and the like so m I false statemen | ts may jeopardize the validity of the | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 | | |
| Emrhinen | | | | | | | |
| | | DATE | | DATE | ΓE | | |
| 29 October 2004 | | | | | | | |
| SIGNA | TURE OF INVENTO | JR 204 | | | | | |
| DATE | | | | | | | |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

| Com (înclud | bined Declaration des Reference to PC | on For Patent Applic T International Application | ation and Pow | ver of Attorney (Continued | d) | Attorneys Docket Number PHNL030298 US | |
|-----------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| POW | ER OF ATTORNE | Y: As a named inventor | , I hereby appoint | t the following attorney(s) and/o h. (List name and registration no | or agent(s) to pro umber) | secute this application and transact | |
| Mich | E. Haken, Reg. ael E. Marion, R | leg. No. 32,266 | | | Direct Telephor (name and tele (914)332-02 | phone number) | |
| Edwa | FULL NAME OF | Reg. No. 30,245 | | FIRST GIVEN NAME | · , , | SECOND GIVEN NAME | |
| | INVENTOR | HUITEMA | | Hialmar | | Edzer Ayco | |
| 201 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDR | | 5656 AA Eindhove | en | STATE & ZIP CODE/COUNTRY The Netherlands | |
| ****** | FULL NAME OF INVENTOR | FAMILY NAME CANTATORE | | FIRST GIVEN NAME Eugenio | | SECOND GIVEN NAME | |
| 202 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | | CITY 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| *** | FULL NAME OF INVENTOR | FAMILY NAME GELINCK | | FIRST GIVEN NAME. Gerwin | | SECOND GIVEN NAME Hermanus | |
| 203 | RESIDENCE & CITIZENSHIP | CITY | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| FULL NAME OF INVENTOR | | FAMILY NAME VAN RENS | | FIRST GIVEN NAME Bas | | SECOND GIVEN NAME Jan Emile | |
| 204 | RESIDENCE & CITIZENSHIP | CITY | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | Post Office Address Prof. Holstlaan 6 | | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| true: a impris applic | and further that these | atements made herein o e statements were made der section 1001 if Title ' ssuing thereon. | f my own knowled with the knowled 18 of the United st | dge are true and that all stateme | ents made on inf and the like so m Il false statement | ormation and belief are believed to be lade are punishable by fine or is may jeopardize the validity of the | |
| SIGIN | ATORE OF INVENT | | | oute- | | SILE OF INVERVIOR 200 | |
| | | November 2004 | | | | | |
| SIGN | ATURE OF INVENT | OR 204 | | | | | |
| DATE | | | | | | | |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued)

Attorneys Docket Number
PHNL030298 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number)

| Edward M. Blocker, Reg. No. 30,245 | | | | | |
|------------------------------------|---------------------------------------------|------------------------------------|--------------------------|--------------------------|--|
| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | INVENTOR | HUITEMA | Hjalmar | Edzer Ayco | |
| 201 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | The Netherlands | |
| ł | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands | |
| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | INVENTOR | CANTATORE | Eugenio | | |
| 202 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | Italy | |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS Prof. Holstlaan 6 5656 AA Eindhoven | | The Netherlands | | |
| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| l | INVENTOR | GELINCK | Gerwin | Hermanus | |
| 203 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands | |
| - | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | | VAN RENS | Bas | Jan Emile | |
| 204 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP · | Eindhoven | The Netherlands | The Netherlands | |
| | POST OFFICE POST OFFICE ADDRESS CITY | | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 5656 AA Eindhove | | The Netherlands | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
|---------------------------|---------------------------|---------------------------|
| | | admed- |
| DATE | DATE | DATE 08 November 2004 |

SIGNATURE OF INVENTOR 204

DATE

08 November 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|-----------|---------------------|------------------------|--|
| I hereby appoint: | | | | | | | | |
| Practitioners associated with the Customer Number: 24738 | | | | | | | | |
| OR BOA | titloner/e\ name | d below (if more than ten paten | t ametitionem en la ba | named than a sun | lamar arm | d nhar mont ha c | mad'r | |
| | thouse (e) i milie | | | | | inei must oe t | | |
| | | Name | Registration Number | | vizme | | Registration Number | |
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| any and all | patent application | o represent the undersigned be one assigned only to the under ordance with 37 CFR 3.73(b). | | | | | | |
| Please char | nge the correspo | ondence address for the applic | ation identified in the att | ached statement u | nder 37 C | FR 3.73(b) to: | | |
| | | | | | 7 | • | | |
| <u>Σ</u> π | he address asso | clated with Customer Number | 24738 | | | | | |
| OR | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| Firm | | | | | | | | |
| Address Address | | | | | | | | |
| City | City State ZJp | | | | | | | |
| L | | | | | | <u> </u> | | |
| Country | | | | | | | | |
| Telephone Fax | | | | | | | | |
| A - day - a M | and Address | | | * | | | | |
| Assignee N | lame and Addres | | | | | | | |
| KONINKLIJKE PHILIPS ELECTRONICS N.V. | | | | | | | | |
| Groenewoudseweg l | | | | | | | | |
| 5621 BA Eindhoven, The Netherlands | | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of | | | | | | | | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, | | | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. | | | | | | | | |
| SIGNATURE of Assignee of Record The idividual whose significant title is supplied below is authorized to act on behalf of the assignee | | | | | | | | |
| Signature Date 02 FEB 2005 | | | | | | | | |
| Name | Michae! | L E. Marion | | | | ne (914) | 333-9637 | |
| Title | Author: | ized Representa | tive | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.